

## Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	Acrobat PDFWriter
Run by	CWMS
Report Date	20-AUG-01 11:08

## Crosswalk Report

CWMS

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Status : FN      Substance Abuse and Mental Health Services Administration  
Media ID : OADAP-F/U      Office of Applied Studies  
Start Date : 01-JAN-90  
End Date :  
Follow-up :

Vermont's Treatment Episode Data Set  
Version : 1

K = Key Field

**System**

Vermont

Item

Item

Value

State System Data

No.    Treatment Episode Data Set

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<b>1</b>	<b>System Transaction Type</b>	<b>-</b>	<b>Transaction Type Add to Each Record</b>
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<b>K 2</b>	<b>State Code</b>	<b>VT</b>	<b>FIPS Code Add to Each Record</b>
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<b>3</b>	<b>Reporting Date</b>	<b>-</b>	<b>Month and Year of Submission Add to Each Record</b>
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<b>K 1</b>	<b>Provider ID</b>	<b>01</b>	<b>Provider Identifier</b>
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<b>K 2</b>	<b>Client ID</b>	<b>02</b>	<b>Client Identifier</b>
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<b>K 3</b>	<b>Co-Dependent/Collateral at Admission</b>	<b>05</b>	<b>Significant Other</b>
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1	Yes	1	Yes
2	No	2	No

<b>K 4</b>	<b>Client Transaction Type</b>	<b>06</b>	<b>Type of Transaction</b>
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A	Initial Admission	A	No
T	Transfer/Change in Service	T	Yes

<b>K 5</b>	<b>Date of Admission</b>	<b>07</b>	<b>Date of Admission</b>
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<b>6</b>	<b>Number of Prior Treatments</b>	<b>08</b>	<b>Number of Prior Admissions to Treatment</b>
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0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	Or More	5	5 or more

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## Vermont's Treatment Episode Data Set Version : 1

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### 7 Principal Source of Referral

- 01 Individual (self)
- 02 Alcohol/Drug Abuse Provider
- 03 Other Health Care Provider
- 04 School (education)
- 05 Employer/EAP
- 06 Other Community Referral
- 07 Court/Criminal Justice/DUI/DWI

### 09 Principal Source of Referral

- 01 Individual, Self, Family, and Friend
- 02 Other Alcohol/Drug Abuse Program
- 03 Other Health Care Provider
- 04 School (educational)
- 05 Employer/EAP
- 06 Other Community Referral
- 07 Court/Criminal Justice System

### 8 Date of Birth

### 04 Date of Birth

### 9 Sex

- 1 Male
- 2 Female

### 07 Sex

- 01 Male
- 02 Female

### 10 Race

- 01 Alaskan Native
- 02 American Indian
- 03 Asian or Pacific Islander
- 04 Black
- 05 White
- 20 Other
- 13 Asian
- 23 Native Hawaiians or Other Pacific Islanders

### 11 Race

- 01 Alaskan Native
- 02 American Indian
- 03 Asian or Pacific Islander
- 04 Black
- 05 White
- 98 -

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## 11 Ethnicity

01 Puerto Rican  
02 Mexican  
03 Cuban  
04 Other Hispanic  
05 Not of Hispanic Origin

## 12 Ethnicity

01 Puerto Rican  
02 Mexican  
03 Cuban  
04 Other Hispanic  
05 Not of Hispanic Origin

## 12 Education

## 13 Education at Time of Admission

## 13 Employment Status

01 Full Time  
02 Part Time  
03 Unemployed  
04 Not in Labor Force

## 14 Employment Status

01 Employed Full Time  
02 Employed Part Time  
03 Unemployed/looking for work in past  
30 days/on layoff  
04 Not in labor force

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## Vermont's Treatment Episode Data Set Version : 1

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### 14 Substance Problem Codes

- 01 None
- 02 Alcohol
- 03 Cocaine, Crack
- 04 Marijuana, Hashish, THC
- 05 Heroin
- 06 Non-Prescription Methadone
- 07 Other Opiates and Synthetics
- 08 PCP
- 09 Other Hallucinogens
- 10 Methamphetamines
- 11 Other Amphetamines
- 12 Other Stimulants
- 13 Benzodiazepines
- 14 Other Tranquilizers
- 15 Barbiturates
- 16 Other Sedatives or Hypnotics
- 17 Inhalants
- 18 Over-the-Counter
- 20 Other

### 15 Substance Abuse Problem Codes, Primary, Secondary, Tertiary

- 01 None
- 02 Alcohol
- 03 Cocaine, Crack
- 04 Marijuana, Hashish
- 05 Heroin
- 06 Non-prescription Methadone
- 07 Other Opiates and Synthetics
- 08 PCP
- 09 Other Hallucinogens
- 10 Methamphetamine
- 11 Other Amphetamines
- 12 Other Stimulants
- 13 Benzodiazepines
- 14 Other Tranquilizers
- 15 Barbiturates
- 16 Other Sedatives or Hypnotics
- 17 Inhalants
- 18 Over-the-counter
- 19 Other

### 15 Usual Route of Administration

- 01 Oral
- 02 Smoking
- 03 Inhalation
- 04 Injection (IV or intramuscular)
- 20 Other

### 16 Usual Route of Administration

- 01 Oral
- 02 Smoking
- 03 Inhalation
- 04 Injection (IV or Intramuscular)
- 05 Other

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## 16 Frequency of Use

- 01 No past month use
- 02 1-3 times in past month
- 03 1-2 times per week
- 04 3-6 times per week
- 05 Daily

## 17 Frequency of Use Codes

- 01 No past month use
- 02 1-3 times past month
- 03 1-2 times per week
- 04 3-6 times per week
- 05 Daily

## 17 Age of First Use or Alcohol Intoxication

## 18 Age of First Use of Alcohol Intoxication

## K 18 Services

- 01 Hospital Inpatient
- 02 Free-standing Residential
- 03 Hospital (other than detox)
- 04 Short-term, <=30 days
- 05 Long-term, >30 days
- 06 Intensive Outpatient
- 07 Outpatient
- 08 Detoxification

## 27 Services

- 01 Hospital Inpatient Detoxification
- 02 Free-standing Residential (Non-hospital) Detoxification
- 03 Inpatient Hospital Treatment
- 04 Free-standing Residential Treatment
- 05 Long Term Residential Treatment (Halfway)
- 06 Intensive Outpatient
- 07 Outpatient Treatment
- 08 Outpatient Detoxification

## 19 Use of Methadone Planned as Part of Treatment

- 1 Yes
- 2 No

## 28 Use of Methadone Planned as Part of Treatment

- 01 Yes
- 02 No

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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
<b>1</b>	<b>Detail Drug Code, Primary</b>	-	<b>Not Collected</b>	
	9998 Not Collected		9998 9998	
<b>2</b>	<b>Detail Drug Code, Secondary</b>	-	<b>Not Collected</b>	
<b>3</b>	<b>Detail Drug Code, Tertiary</b>	-	<b>Not Collected</b>	
<b>4</b>	<b>Substance Abuse Diagnosis Based on DSM III-R Criteria</b>	-	<b>Not Collected</b>	
	999. Not Collected		999.9 999.98	
	98		8	
<b>5</b>	<b>Psychiatric Problem in Addition to Alcohol or Drug Problem</b>	-	<b>Not Collected</b>	
	8 Uncollected		8 8	
<b>6</b>	<b>Pregnant at Time of Admission</b>	-	<b>Pregnant at Time of Admission</b>	
	1 Yes		01 Yes	
	2 No		02 No	
<b>7</b>	<b>Veteran Status</b>	-	<b>Not Collected</b>	
	8 Not Collected		8 8	
<b>8</b>	<b>Living Arrangements</b>	<b>35</b>	<b>Homeless</b>	
	01 Homeless		01 Yes	
	97 Unknown		02 No	
	98 Not Collected		03 Not Available	



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**9 Primary Source of Income or Support - Not Collected**

98 Not Collected 98 98

**10 Health Insurance - Not Collected**

98 Not Collected 98 98

**11 Expected Primary Source of Payment for This Treatment Episode 30 Payment Responsibility**

02	Blue Cross/Blue Shield	A	Blue Cross/Blue Shield
07	Other Health Insurance Companies	B	Other Third Party Private
05	Other Government Payments	C	State Subsidized
04	Medicaid	D	Public Third Party
09	Other	E	Contractural Private
09	Other	F	Contractural Corrections
09	Other	G	Contractural SRS (Social Rehabilitation Services)
09	Other	H	Contractural School
97	Unknown	I	Refused/Unknown

**12 Detailed Not in Labor Force - Not Collected**

98 Not Collected 98 98

**13 Detailed Criminal Justice Referral Categories 33 DWI Treatment Mandation**

07	DUI/DWI	01	Yes
98	Not Collected	98	No

**14 Marital Status - Not Collected**

98 Not Collected 98 98

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**Optional**

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<b>15</b>	<b>Time Waiting to Enter Treatment</b>	<b>-</b>	<b>Not Collected</b>
998	Not Collected	998	998

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report